MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
10/608883	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2		4				TOTAL IND.							
TOTAL DEP.	6		12				TOTAL DEP.							
TOTAL CLAIMS	8		16				TOTAL CLAIMS							